

## THMP Extra Medication Request Form

**Fax to 512-533-3171**

*If you need an extra refill or a 2-month supply of your medication, please fill out this information and fax to the number above. THMP can provide limited exceptions to the normal ordering schedule.*

Name: \_\_\_\_\_

THMP ID #: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Choose One)

☐ 2 Month Supply (at normal time)

☐ Early Refill (one month)

When are the meds needed (if traveling, give the date you are leaving, and the date you are coming back):

\_\_\_\_\_

Reason: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_